

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** CAPITOL CITY MEDICAL TEAMS CORPORATION

**Current Principal Place of Business:**

4950 CHAUNCEY COURT  
SALEM, OR 97302

**New Principal Place of Business:**

**Current Mailing Address:**

4950 CHAUNCEY COURT  
SALEM, OR 97302

**New Mailing Address:**

**FEI Number:** 20-4758238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PITA, H.K. S ESQ.  
9350 S. DIXIE HWY., SUITE 1200  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

PITA, H.K. ESQ.  
9350 S. DIXIE HWY., SUITE 1200  
MIAMI, FL 33156 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: H. K. PITA, ESQ.

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MILLER, ERIC  
Address: 4950 CHAUNCEY COURT  
City-St-Zip: SALEM, OR 97302

Title: VP  
Name: MONSON, PAT  
Address: 4950 CHAUNCEY COURT  
City-St-Zip: SALEM, OR 97302

Title: S  
Name: SMITH, CHARLOTTE  
Address: 4950 CHAUNCEY COURT  
City-St-Zip: SALEM, OR 97302

Title: T  
Name: BELL, VAL  
Address: 4950 CHAUNCEY COURT  
City-St-Zip: SALEM, OR 97302

Title: P  
Name: TRETT, JIM  
Address: 4950 CHAUNCEY COURT  
City-St-Zip: SALEM, OR 97302

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC E. MILLER

CEO

01/05/2012

Electronic Signature of Signing Officer or Director

Date